



Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am applying for enrollment in one of the graduate nursing program options indicated below. I understand if, at any time, I am unable to, or choose not to, take the courses in the order outlined in my program of studies, enrollment in courses after that time may be delayed. Please note: All students must be enrolled at least half-time to receive most financial aid. For aid purposes, Graduate students are considered full-time when enrolled in 9 or more credits per semester and half-time when enrolled in 5 to 8 credits per semester. **If you know that you will be utilizing financial aid, please consider the 4, 5, 6 or 8 semester program option.**

1. Choose the master’s degree program *or* the post-master’s certificate program that you are applying for below:

**MASTER’S DEGREE PROGRAMS**

**Adult Gerontology – Acute Care Nurse Practitioner** (select ***one*** completion option by checking choice)

*Note: Must have BLS & ACLS Certification*

|         |                |                |                 |              |
|---------|----------------|----------------|-----------------|--------------|
| BSN     | ___ 7-semester | ___ 8-semester | ___ 10-semester | (46 credits) |
| Bridge* |                | ___ 8-semester | ___ 10-semester | (52 credits) |
| RN-MS** |                | ___ 8-semester | ___ 10-semester | (52 credits) |

**Family Nurse Practitioner** (select ***one*** completion option by checking choice)

|         |                |                |                 |              |
|---------|----------------|----------------|-----------------|--------------|
| BSN     | ___ 6-semester | ___ 8-semester | ___ 10-semester | (43 credits) |
| Bridge* |                | ___ 8-semester | ___ 10-semester | (49 credits) |
| RN-MS** |                | ___ 8-semester | ___ 10-semester | (49 credits) |

**Psychiatric/Mental Health Nurse Practitioner** (select ***one***, by checking choice) (cohort model)

|         |                |                |                 |              |
|---------|----------------|----------------|-----------------|--------------|
| BSN     | ___ 6-semester | ___ 8-semester | ___ 10-semester | (40 credits) |
| Bridge* |                | ___ 8-semester | ___ 10-semester | (46 credits) |
| RN-MS** |                | ___ 8-semester | ___ 10-semester | (46 credits) |

**Nursing Education** (select ***one*** completion option by checking choice)

|         |                |                |                |              |
|---------|----------------|----------------|----------------|--------------|
| BSN     | ___ 5-semester | ___ 6-semester | ___ 8-semester | (36 credits) |
| Bridge* |                | ___ 6-semester | ___ 8-semester | (42 credits) |
| RN-MS** |                | ___ 6-semester | ___ 8-semester | (42 credits) |

**Nursing Leadership in Healthcare Management** (select ***one*** completion option by checking choice)

|         |                |                |                |              |
|---------|----------------|----------------|----------------|--------------|
| BSN     | ___ 4-semester | ___ 6-semester | ___ 8-semester | (36 credits) |
| Bridge* |                |                | ___ 8-semester | (42 credits) |
| RN-MS** |                |                | ___ 8-semester | (42 credits) |

Key:

Bridge\* = Applicants with a baccalaureate degree in a discipline ***other*** than nursing.

RN-MS\*\* = Applicants without a baccalaureate degree in any discipline – must complete a Professional Portfolio.

Grey = Licensure Program, state specification required in Question #2.

**POST-MASTER’S CERTIFICATE PROGRAMS**

The program of studies for post-master’s certificates will vary depending upon the applicant’s prior clinical preparation and will be reviewed as part of the application process. The graduate faculty will then develop an individualized program of studies. The individualized program of studies will prepare the advanced practice nurse to provide care to clients across the lifespan. *If you are applying for a post-master’s certificate, check one choice below:*

- \_\_\_ Adult Gerontology – Acute Care Nurse Practitioner
- \_\_\_ Nursing Education
- \_\_\_ Family Nurse Practitioner
- \_\_\_ Psychiatric/Mental Health Nurse Practitioner (Cohort Model)

2. If you have selected a program above that is **highlighted in grey**, in what state do you intend to seek licensure upon program completion?

\_\_\_\_\_